

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/535428 FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	12						53						
4	67						54						
5	67						55						
6	67						56						
7	149						57						
8	67						58						
9	102						59						
10	67						60						
11	67						61						
12	67						62						
13	67						63						
14	67						64						
15	76						65						
16	67						66						
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18							68						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		↓		↓				↓		↓		↓
TOTAL DEP.	15	←		←		←			←		←		←
TOTAL CLAIMS	16												